

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000098311

1. Corporation Name

J & A HAULING, INC

2. Principal Office Address - No P.O. Box #

4337 E. GROVEVIEW AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

4337 E. GROVEVIEW AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

7. Name and Address of Current Registered Agent

Name

MARSHA BABWAH

Street Address (P.O. Box Number is Not Acceptable)

4337 E. GROVEVIEW AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

\* Marsha Babwah

REGISTERED AGENT MUST SIGN

Date

\* 5/25/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	DENISH BABWAH	4337 E. GROVEVIEW AVE	TAMPA, FL. 33617
VPS	Marsha Babwah	4337 E. Groveview Ave	Tampa, FL. 33617

25/28

10. E-mail Address: Deorajsf@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Denish Babwah

DENISH BABWAH

5/25/10

(813) 363-9876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAY 27 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

500181437145  
05/27/10--01048--022 \*\*458.75

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

74-3148911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

\* The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.